PART B - FEE(S) TRANSMITTA

| • | | PARI | o - ree(s) IKAN | SWILLAL | | | |
|---|---|---|--|--|-------------------------------------|--|--|
| UN 1 9 | 2007 8 | her with applicable | or <u>Fax</u> | Commissioner f P.O. Box 1450 Alexandria, Vir (571)-273-2885 | or Pate ginia 22 | 2313-1450 | |
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| Indianapolis, IN 4 | | | D. Cwiklinski (Depositor | | | (Depositor's name) | |
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| 01 FC:1501 | 1400.00 | I ND | j | June | 15 | 2007 | (Date) |
| 02 FC: 1504 APPLICATION NO. | FILING DATE | | FIRST NAMED INVENT | | ATTOR | NEY DOCKET NO. | CONFIRMATION NO. |
| 10/784,022 | | | | | <u> </u> | DFC-P0001 | . 1680 |
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| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE D | UE PREV. PAID ISS | UE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | • | \$1700 | 07/05/2007 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| GANEY, STEVEN J 37. | | 3752 | 239-587400 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
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| ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Masco Corporation of Indiana Indianapolis, Indiana | | | | | | | |
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| Authorized Signature | <u> </u> | . (1 | | Date | 6-15- | -2007 | |

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